

# TRANSMITTAL FORM

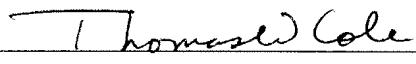
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b> 10/594,119 <b>Filing Date</b> September 25, 2006 <b>First Named Inventor</b> Kazuo SHINYA <b>Group Art Unit</b> 1641 <b>Examiner Name</b> Gary W. Counts
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> 039371-20

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> <b>Information Disclosure Statement</b> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> European Office Action Four (4) References (1 Foreign; 3 Non-Patent Literature)
<b>Remarks</b>		<input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above-identified docket number.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	<u>Thomas W. Cole, Reg. No. 28,290</u> <u>Roberts Mlotkowski Safran &amp; Cole, P.C.</u> <u>P.O. Box 10064</u> <u>McLean, VA 22102</u>	
Signature		
Date	June 12, 2009	

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